

Development Services

Plat Application

"To assist development and improve the quality of life for the citizens of Bryan."



Type of Submittal

___ Preliminary Plan ___ Final Plat ___ Amending Plat ___ Replat ___ Master Plan

Minimum Submittal Requirements

- ☐ Application fee
- ☐ Folded copies of plat
15 copies within the City and 20 copies for the ETJ
- ☐ Completed and signed application form

For Office Use Only

Case Contacts _____

Case Number _____

Property Owner Information

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail Address _____

Applicant Information

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail Address _____

Agent or Engineer Information

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

E-mail Address _____

Site Information

Address _____

R Number _____

Legal Description _____

Total Acreage _____

Current Use _____

Proposed Use _____

Current Zoning _____

Proposed Zoning _____

Is any of the property in the floodplain? _____ Yes _____ No

Certification

I hereby certify that I am the owner of the above described property for the purposes of this application. I am respectfully requesting processing and approval of the above referenced plat/plan. I agree to comply with the requirements in all applicable codes. I agree to provide all necessary information concerning this submittal. I understand that any substantial modifications or additions to this submittal can mean the requirement of a revised plat/plan. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

Owner's Signature_____
Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

Owner's Signature_____
Owner's Printed Name_____
Applicant's Signature_____
Applicant's Printed Name_____
Agent/Engineer's Signature_____
Agent/Engineer's Printed Name

Certification Regarding Deed Restrictions (Replats Only)

I (We) hereby represent and certify further that (check one):

_____ There are no deed restriction which affect the above described property or Subdivision as addressed in Art. 974(a), Section 5, as amended of the Texas State Statutes.

_____ There are deed restrictions which affect the above described property or Subdivision and such restrictions do limit the use of any or all lots, tracts, or parcels there in to residential use not to exceed two residential units per said lot, tract, or parcel in such property subdivision.

I (We) understand that this certificate is to be part of the official public records used in connection with the filing of a replat of the above described property.

I (We) hereby certify that the foregoing is true and correct.

Signature of Owner(s)

Signature of Owner(s)

Date

STATE OF TEXAS:
COUNTY OF BRAZOS:

Sworn to and subscribed before me this _____ day of _____ 200_____.

Notary Public